

Two of the editors of this book, Alain Carpentier and Juan-Carlos Chachques, surgeons from Hôpital Broussais in Paris reported, in 1985, the first clinical use of latissimus dorsi muscle to augment the left ventricle. The third editor, bioengineer Pierre Grandjean, has made a major contribution to the pacing systems required to train and drive the transplanted and transformed skeletal muscle. Among the 50 contributors are the best known names in the field—such as the anatomist, Salmons; his surgical collaborator for many years, Larry Stephenson; and Pette who described changes in phenotype expression of muscle. The major clinical contributors to cardiomyoplasty are represented and include Magovern's group from Allegheny, and Jatene and colleagues from São Paulo, Brazil who, with the Paris surgeons have provided the major part of the world's clinical use of the technique. The monograph is authoritative, comprehensive, beautifully produced, generously illustrated, and very readable. It is based on papers presented at a Paris meeting in June 1989 at which time there were about fifty patients. Papers from another international meeting in October 1990, from the same principal authors, reviewing double the number of patients, had already appeared in April 1991 in *Seminars in Thoracic and Cardiovascular Surgery*, months before this hardback volume was released. This book may be seen as a landmark but it does illustrate the difficulties, acknowledged by Alain Carpentier in his insightful foreword, of publishing in a rapidly changing field.

TOM TREASURE

*The title reviewed here is available from the BMJ Bookshop, PO Box 295, London WC1H 9TE. Prices include postage in the UK and for members of the British Forces Overseas, but overseas customers should add 15% to the value of the order for postage and packing. Payment can be made by cheque in sterling drawn on a UK bank, or by credit card (MasterCard, VISA, or American Express) stating card number, expiry date, and your full name.*

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## BRITISH CARDIAC SOCIETY NEWSLETTER

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The last newsletter gave the up to the minute news of completion of our purchase of our own property at 9 Fitzroy Square. By the time this appears we should be well settled in the new house. It is a fine Georgian building ideally suited to the new and expanding activities of the society. The offices of the *British Heart Journal* will share the premises—an ideal arrangement given our close working relationship. Our affiliated groups and societies have all expressed an interest in making use of the new facilities. We have rooms large enough not only for all the committees but also for our planned teach-ins, and for workshops if plans for these are approved. Kitchen facilities are available, so that catering on the premises becomes a possibility. We hope that the house will become a well integrated headquarters for all major activities relating to the British Cardiac

Society. To achieve this we will, of course, require additional staff. Mrs Elaine Brown (our administrator), and Mrs Jenny Lodge (our assistant administrator and bookkeeper) have coped so far with all the affairs of the society—with assistance from Sussex for secretarial work and surveys. We have enrolled a new part-time secretary in London, and further changes may follow if the workload grows. If any members of the society find themselves near Fitzroy Square, we hope they will call in: it is only minutes from the Royal College of Physicians, and from Regents Park, Great Portland Street, Euston Square, and Warren Street Underground Stations.

The meeting organised by the society on the developing internal market in cardiology and cardiac surgery was held at the Royal College of Physicians on 4 December. It was well attended with over 200 delegates; 40% were cardiologists or cardiac surgeons, 30% were managers from provider units, and 30% came from purchaser health authorities. The speakers included a regional director of public health, a health economist, five clinicians (of whom one was American), and representatives of the NHS Management Executive and the Department of Health. The initial presentations dealt with the future management of regional specialties and with modelling of treatment patterns of coronary artery disease—with economic evaluation of outcomes. The experience of three clinicians was reported, and the requirements were discussed for refining case mix and coding for effective setting of contracts. The difficulties ahead seem formidable, and the market seems likely to be managed centrally for some time to come. The meeting finished with a session looking at supraregional specialties and clinical research. Their future was linked to the research and development initiatives that are being developed by the NHS Management Executive. A full report is being prepared—and should be a valuable source of information in a difficult and new area. We will let you know later how this can be obtained.

A meeting of representatives of the affiliated groups was held at the British Cardiac Society on 29 November. Representatives from the British Cardiovascular Intervention Society (BCIS), the British Paediatric Cardiac Association (BPCA), the British Society of Echocardiography (BSE), the British Nuclear Cardiology Group (BNCG), and the British Pacing and Electrophysiology Group (BPEG) all expressed an intention for the groups to be recognised as part of the British Cardiac Society, while retaining their autonomy within the individual organisations. This position has not previously been defined in any formal way, and the word "affiliated" had been open to varying shades of interpretation. The groups will want to confirm their positions after appropriate discussions, but in the meantime they were invited to submit a statement of the support they may wish to receive from the British Cardiac Society. This task has to be undertaken with some urgency, so that we can make the best use of 9 Fitzroy Square. Possible financial support, record keeping, secretarial assistance, data collection, audit, relations with European societies, management of any subscriptions, space for small meetings and arrangements for large ones, printing, and publications—these should all be considered. The special position of the British Nuclear Cardiology Group was recognised; most of its members are not cardiologists. This was not seen as an overriding difficulty: this group can

be affiliated under the same arrangements as the other groups.

Arrangements for the Harrogate meeting are almost complete. Dr Eugene Braunwald has agreed to give the Sir Thomas Lewis lecture; Dr Lars Ryden will be the non-United Kingdom (how else these days do we say "European"? ) judge for the Young Research Workers Prize; and we are planning a partners programme. Simultaneously with the young research workers presentations we will have—as an experiment—a session designed for state-of-the-art presentations designed to suit the needs of district hospital cardiologists.

We hear that some district hospital cardiologists have felt that the society does not cater adequately for their needs. If the society has shown a bias towards matters of concern to cardiologists in the major centres, this is not intentional. We believe that the impression reflects an earlier pattern of activities that were entirely appropriate when district hospitals had few specialist physicians, and that this view is increasingly outmoded. If we can do more for district cardiologists—who face so much of the burden of heart disease—then please make suggestions; they will be welcome. We do wish to see more colleagues from outside the major centres proposed for and elected to council.

New proposals for the constitution will come before the Annual General Meeting in Harrogate. Some have already been widely discussed: that council should include a representative from paediatric cardiology and that the chairman of the cardiology committee of the Royal College of Physicians and the society's own Postgraduate Cardiology Advisor should also be on council. A more recent suggestion that also seems to have much merit relates to the officers: that in future the president should serve for two years rather than three, and that the president-elect is also in post for two years. Thus there will always be five officers. While future presidents will still have a total of four years in office, the load will be more evenly spread.

The December newsletter referred to the possibility of a meeting to discuss the future of arrhythmology units, with special reference to the funding of an important growing point of cardiology. Proposals put to the cardiology committee earlier in 1991 were not adopted, pending further discussions among interested parties: the society in cooperation with BPEG is clearly an appropriate forum for these. A provisional date of 10 March has now been agreed. We believe that representatives from the Department of Health may be willing to join us.

The British Cardiac Society and the Society of Cardiothoracic Surgeons wish to implement a new scheme to make information cards available to all patients with replacement heart valves (newsletter, September 1991). This would be based on the United Kingdom valve registry organised by Ken Taylor at Hammersmith Hospital. We are hopeful that the valve manufacturers will be willing to provide the modest support needed for this project, though negotiations have taken longer than we expected. In the meantime, Shiley have arranged that the Medic Alert Foundation should cooperate with our societies to make bracelets available to any patients with the Björk-Shiley convexo-concave valves that may be at risk of strut fracture. A letter about free registration with Medic Alert has been sent to at least one cardiologist (or physician with an interest in the specialty) in every hospital that may treat

such patients. To retain the confidentiality of our database we undertook the mailing ourselves.

Do not forget the date for our first teach-in, announced in the December newsletter. This new programme is intended to update members of the society in growing points of modern medicine that are intimately related to our specialty. Sir David Weatherall will be arranging the first meeting (on molecular biology) on Tuesday 31 March from 10 am to 4 pm. A subsidy will be available for long-distance travel within the United Kingdom. We intend that these meetings should be small to encourage interaction with the speakers. There will not be another similar opportunity for a very long time. Contact the society at once if you wish to reserve a place—but you may already be able to secure a place on the reserve list only . . . Please note that the meetings are exclusively for members.

Copies are now available from the society offices of the Fourth Report of a Joint Cardiology Committee of the Royal Colleges of Physicians of London and the Royal College of Surgeons of England on the provision of services for the diagnosis and treatment of heart disease. The college reports are authoritative documents that can be of great value to those who have to persuade managers of the basic requirements of a cardiology service.

Another date for many diaries, and again we expect demand to exceed supply: Resuscitation '92 will be the first CPR congress of the European Resuscitation Council (the British Cardiac Society was prominent in the formation of the European Resuscitation Council which is now gaining wide acceptance in Europe). An excellent international

programme has been arranged in cooperation with the Resuscitation Council of the United Kingdom. The meeting will take place in the Brighton Centre. All the indications show this will be a popular meeting and many delegates are expected from mainland Europe. Application forms can be obtained from the society office.

Remember to note our new address given below. And again for reference our new telephone number is: 071 383 3887. Note that our fax number has a slightly different exchange code: 071 388 0903.

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## NOTICE

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1992

The Annual Meeting of the **British Cardiac Society** will take place at the Harrogate International Centre on 26 to 29 May. The closing date for receipt of abstracts was 3 January.

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## CORRECTIONS

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Staffing in cardiology in the United Kingdom. Sixth biennial survey: with data on facilities in cardiology in England and Wales 1989 (November issue, volume 66: pages 395–404). The President of the British Cardiac Society has asked us to point out that table 13 showed an incorrect total under the number of consultants retiring from 1991 to 1995, though the data for individual years were correct. This total was inadvertently left unchanged when one year was removed from the table shortly before the paper was submitted.

Table 16 showed the number of technicians in the Regions of England and Wales, and these figures were correct according to the returns received. But the calculations for numbers per 250 000 were incorrect—the true totals were slightly higher. This error represents a complex calculation based on the premise that the need for technician time is not related in a linear fashion to population. These figures were derived for another purpose but were inadvertently substituted for the original calculations that had been correctly made.

Physical activity in ischaemic heart disease in middle-aged British men. *AG Shaper, G Wannamethee* (November issue, volume 66: pages 384–94). The authors have asked us to point out that R Weatherall was inadvertently omitted from the authorship of this paper, which is *AG Shaper, G Wannamethee, R Weatherall*.